



TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/944,049
		Filing Date	August 30, 2001
		First Named Inventor	Schall, Thomas J.
		Art Unit	1648
		Examiner Name	Mosher, Mary
Total Number of Pages in This Submission		Attorney Docket Number	019934-002510US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Allowance <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Part B - Fee(s) Transmittal
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Scott L. Ausenhus Reg. No. 42,271
Signature	
Date	January 27, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Tara N. Damhoff		
Signature		Date	January 27, 2004



PTO/SB/17 (10-03)

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 995

Complete if Known

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First Named Inventor	Schall, Thomas J.
Examiner Name	Mosher, Mary
Art Unit	1648
Attorney Docket No.	019934-002510US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 20-1430

Deposit Account Name: Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1001	770	Utility filing fee
		1002	340	Design filing fee
		1003	530	Plant filing fee
		1004	770	Reissue filing fee
		1005	160	Provisional filing fee
SUBTOTAL (1)				(\$0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		Extra Claims	Fee from below	Fee Paid
Independent Claims				
Multiple Dependent				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1202	18	Claims in excess of 20
		1201	86	Independent claims in excess of 3
		1203	290	Multiple dependent claim, if not paid
		1204	86	** Reissue independent claims over original patent
		1205	18	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)				
3. ADDITIONAL FEES				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1051	130	Surcharge - late filing fee or oath
		1052	50	Surcharge - late provisional filing fee or cover sheet
		1053	130	Non-English specification
		1812	2,520	For filing a request for reexamination
		1804	920*	Requesting publication of SIR prior to Examiner action
		1805	1,840*	Requesting publication of SIR after Examiner action
		1251	110	Extension for reply within first month
		1252	420	Extension for reply within second month
		1253	950	Extension for reply within third month
		1254	1,480	Extension for reply within fourth month
		1255	2,010	Extension for reply within fifth month
		1401	330	Notice of Appeal
		1402	330	Filing a brief in support of an appeal
		1403	290	Request for oral hearing
		1451	1,510	Petition to institute a public use proceeding
		1452	110	Petition to revive - unavoidable
		1453	1,330	Petition to revive - unintentional
		1501	1,330	Utility issue fee (or reissue)
		1502	480	Design issue fee
		1503	640	Plant issue fee
		1460	130	Petitions to the Commissioner
		1807	50	Petitions related to provisional applications
		1808	180	Submission of Information Disclosure Stmt
		8021	40	Recording each patent assignment per property (times number of properties)
		1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))
		1810	770	For each additional invention to be examined (37 CFR § 1.129(b))
		1801	770	Request for Continued Examination (RCE)
		1802	900	Request for expedited examination of a design application
Other fee (specify) Publication Fee				300
10 Advance Copies				30
*Reduced by Basic Filing Fee Paid				
SUBTOTAL (3)				(\$)995

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Scott L. Adenhus	Registration No. (Attorney/Agent)	42,271	Telephone	303-571-4000
Signature		Date	January 27, 2004		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

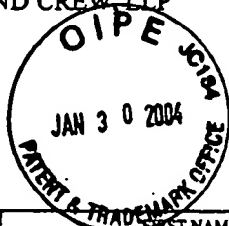
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

20350 7590 10/29/2003

TOWNSEND AND TOWNSEND AND CREW, LLP
TWO EMBARCADERO CENTER
EIGHTH FLOOR
SAN FRANCISCO, CA 94111-3834

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Tara N. Damhoff	(Depositor's name)
<i>Tara N. Damhoff</i>	(Signature)
1-27-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/944,049	08/30/2001	Thomas J. Schall	019934-002510US	8353

TITLE OF INVENTION: CMV VACCINES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	01/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOSHER, MARY	1648	424-205100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend and Townsend and
Crew LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ChemoCentryx, Inc.

San Carlos, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *[Signature]* Atty. Reg. (Date) 01-27-04
No. 42,271

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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01 FC:2501
02 FC:1504
03 FC:8001

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